Legal Applicant Name: The John A Hartford

Foundation

Program Name: The John A. Hartford Foundation

Application ID: 12SI138036

For the purpose of enhancing our programs by improving the quality and quantity of applications to the Corporation for National and Community Service (CNCS), we are providing specific feedback regarding the strengths and weaknesses of this application. This feedback is provided on a restricted basis and cannot be shared or distributed outside of your organization. We hope you will find this information helpful in completing applications to our future grant competitions. These comments are not meant to represent a comprehensive assessment; rather the analysis represents those elements that had the greatest bearing on the rating of your application. Please note that this feedback consists of summary comments from more than one reviewer. For this reason, some of the comments may seem to be inconsistent or contradictory.

There were two stages of expert review for the 2012 SIF competition, the Program Review focused on the quality of the applicant's response in most of the Program Design and Organizational Capability sections and all of the Cost Effectiveness/Budget Adequacy section.

Program Reviewers' Summary Comments:

• The community need and the target outcomes -- effective care for depression as an approach to improve health, reduce health care expenditure and improve economic well-being -- are compelling and well-documented through the use of appropriate statistics. The need is further improved by providing clear information on the proposed geographic scope of the project with particular attention to demographic information outlining the target populations, documentation of the area as medically underserved and impacted by a health professional shortage.

The applicant provides an outline of the model and an overview of their past success with their core program and evaluation partner. The applicant also provides a tiered staffing and outcome scenario for the subgrantees which indicates an ambitious but realistic understanding of the start-up time for the project as well as a desire to identify corrections and make adjustments throughout the implementation of the project.

The applicant provides a clear profile of the subgrantee organizations they hope to fund including participation in a set of training, technical assistance and monitoring activities outlined in the proposal -- and to be included in the application. This presents a high likelihood of resulting in subgrantees with the ability to implement program growth as part of their participation in the SIF Program.

The applicant provides an extensive list of 10 additional weighted criteria developed based on their partner's experience assisting organizations who are implementing the proposed program. Identification of community resources, proposed matching sources, plans for sustainability and spread are three of the 10 criteria and indicate a high likelihood of selecting grantees with the ability to grow the program.

The applicant indicates that they will select between five to eight subgrantees which suggests a possible range in the size of the grants. Aside from the weighted subgrantee selection criteria, the applicant does not provide a specific plan for how they will award larger sums to grantees with higher levels of evidence of effectiveness.

The applicant provides a realistic plan for building the capacity of the subgrantees and identifies eight relevant criteria to measure their readiness for program expansion. The criteria link the measurable capacity of the subgrantee during the initial implementation to the assessment of their readiness for growth.

The applicant's proposed technical assistance includes the creation of a customized implementation plan, specific training modules targeted to key staff positions, two monthly technical assistance calls focused on clinical issues and implementation issues, and a mid-year convening focused on evaluating implementation and developing plans for expansion and sustainability. The technical assistance and training seems designed to ensure grantee growth based on a foundation of successful implementation of a smaller scale project in the first year and more aggressive expansion in subsequent years.

The applicant provided four examples of projects they have supported focused on the scaling up and replication of program models. The applicant provided relevant summaries of each projects including early indications on the levels of replication.

The applicant provided at least three examples of their success attracting additional philanthropic support for their model projects as well as experience with a public-private partnership with the Administration on Aging. They also describe general past experience measuring and tracking program expansion and replication. Unfortunately, they do not provide specific examples or propose how this will be done for this program.

In addition to the comprehensive technical assistance plan outlined in the materials, the applicant indicates that subgrantees will also be given full access the more general assistance and support available to the foundation's broader grantees portfolio including strategic communications and access to other consultants as the need arises.

The applicant has indicated a past partnership with a government agency but not clearly indicate that they are a past recipient of federal funds. The grants management staff and evaluations coordinator have experience with the management and administration of federal grants. The applicant will also hire additional auditing consultation to prepare for the program and a FTE grants management specialist to support the administration of sub-awards, record-keeping, compliance and reporting.

100% of the SIF Program funds will be used for regranting and all of the programmatic and administrative costs will be covered by the applicant.

The applicant proposed four clear measures for improving the long-term sustainability of the program among the subgrantees. These include: ensuring the programs is well-established prior to the end of SIF funds, fully integrating the program into the subgrantees ongoing operations, maximizing the clinical billing hours to allow the program to be self-sufficient when SIF Program funding ends and working to expand the reimbursement for this program approach.

• The applicant clearly identified the target geography (rural communities in five Western states), which will focus on a specific issue (depression). It demonstrates the needs in this target geography through the use of credible demographic and other statistical data. The applicant provides a clear description of the type of subgrantee it seeks to fund. The applicant provided a detailed description of its RFP process for identifying and selecting potential subgrantees for this project, which includes but is not limited to targeting clinical organizations that currently receive for training and technical assistance from the applicant's program partner. The applicant provides a detailed description of the capacity-building

activities that will lead to growing effective subgrantees capable of meeting the goals of this project, including but not limited to providing tools to assist with planning implementation and to facilitate clinical care. Also, through its grantmaking experience and track record in spearheading the launch of major initiatives, the applicant provides sufficient evidence of its ability to support the subgrantees with technical assistance and other services. The applicant has significant experience in selecting and awarding competitive grants to nonprofits, over 80 years of grantmaking. This experience, along with the current staff capacity and organizational resources, will enable the applicant to successfully undertake the subgrant selection process. The applicant possesses the requisite skills, experience and organizational capacity to successfully support and oversee grantee programs. As a grantmaking foundation for more than 80 years, the applicant has engaged with and funded organizations similar to the ones that will be the subgrantees for this project. Finally, on the basis of the budget narrative, which provides a detailed description for the major line-item expenditures associated with this project, the applicant's proposed budget should be sufficient to launch the project, evaluate the subgrantees' performance, and support the activities that will achieve the targeted results. It will cover many of the start-up expenses associated with the launch of this project with its own resources, including the required match commitment.

The applicant does not present a strategy for allocating larger grant awards to subgrantees that demonstrate higher levels of effectiveness. Specifically, the applicant does not differentiate among the prospective subgrantees' readiness to implement the practice changes or their level of experience in working with evidence-based approaches. Also, the applicant did not provide a clear description of how it will capture and share best practices for its proposed activities. Also, there wasn't a clear description of the attributes possessed by a successful program.

• The applicant convincingly identified the target issue and geography for their programming. The applicant proposes depression treatment through community health clinics in Wyoming, Washington, Alaska, Montana, and Idaho. The applicant will work to improve depression treatment and increase functioning of individuals and families suffering from depression.

The applicant makes a persuasive case for the underserved nature of this area. The area's statistics support that it is rural with a great deal of poverty and uninsured patients. Rates of depression for Medicaid patients are provided, but rates are not provided for this target area. The applicant also makes a sensible case for the IMPACT program with evidence supporting individual psychiatric improvement and the economic benefits of improving care for depression.

Measurable outcomes that will be achieved through this proposed program include a tiered staffing and outcome scenario for the subgrantees. All subgrantees will be rural community health clinics in the applicant's region. The applicant compellingly describes their ability to support the proposed focus, goals and approach of the subgrantees who, by year three, will be expected to treat at least 600-1,000 patients over the duration of the program.

The applicant clearly describes the subgrantee organization they hope to fund. They convincingly describe the process they will use to manage a subgrantee selection process. Outreach plans are provided in detail, including the subgrantee requirements to provide a variety of documents and be involved in technical assistance activities. The selection process includes a letter of inquiry and a proposal and will be reviewed by staff from JAHF and three independent reviewers. Although the proposed selection timeline seems aggressive, this selection process in general has a high likelihood of successfully identifying subgrantees that meet the SIF funds of having evidence of effectiveness.

The applicant provides a clear articulation of how they will assess their capacity to implement the program. The subgrantee selection process will also require applicants to agree to participate in evaluation activities. Receipt of funds will be contingent on the subgrantee's participation at various points throughout the process.

The applicant will support a wide variety of organizations to ensure a profile of high quality organizations and will select them based on detailed selection criteria. Applicants will be assisted as they grow in a way that supports the applicant's overall theory of change. All subgrantees will be required to participate in a wide variety of activities necessary for successful monitoring of the program.

The applicant provides a realistic plan for building the capacity of the subgrantees and identifies relevant criteria to measure their readiness for program expansion. The criteria link the measurable capacity of the subgrantee from the initial implementation to the assessment of their readiness for growth. Many of the subgrantees will be able to "propose a plan for expansion that best fits their organization," which will provide room for diversity and adaptation among subgrantee programs.

The applicant's proposed technical assistance includes the creation of a customized implementation plan, specific training modules targeted to key staff positions, two monthly technical assistance calls focused on clinical issues and implementation issues, and a mid-year convening focused on evaluating implementation and developing plans for expansion and sustainability. The technical assistance and training will provide adequate resources to support the subgrantees' capacity building activities and growth.

The applicant has defined their experience selecting and awarding competitive grants to nonprofits, which reinforces their capacity to undertake the subgrant selection process noted in the application. The applicant provided four relevant and recent examples of competitive grantee selection processes. The proposed partner and advisor on the selection process have also had at least one recent experience with the review and selection of grantees to implement the proposed program. The applicant notes several active relationships they have with other philanthropic funders.

The applicant cites reasonably substantial experience in sustaining and increasing impact of their subgrantees. They have measured and tracked program expansion and replication of 4 models they have developed and share lessons through presentations, annual reports, and literature. Convincing examples are given which support their experience with competitive subgranting and growing program impact.

The applicant provides an experienced roster of staff members who have a high level of experience with the proposed program area. They provide a compelling plan to provide assistance to the subgrantees. The applicant suggests that subgrantees will also be provided assistance and support available to the foundation's broader grantees portfolio, including strategic communications, technical assistance and access to consulting services. Their approach and oversight will hold both their own organization and subgrantees accountable for meeting program objectives.

The applicant does not specifically note that they are a past recipient of government funds. However, financial support and management oversight at the applicant organization appears strong, and the staff appears to have sufficient capacity and experience to be effective and compliant. The grants management team is planning to incorporate sufficient plans to ensure compliance with federal guidelines at the intermediary and subgrantee level.

The applicant will devote resources to supporting subgrantees with communication and fundraising to meet the required match. They will also work with their own contacts to secure additional support for the subgrantee programming. However, specific plans are not provided in detail as to how the applicant will support the program after the life of the grant and how subgrantees will sustain program growth after the SIF Program grant is complete.

The applicant is proposing a detailed budget that will support the capacity needed to achieve the desired outputs and outcomes. The budget is adequate to support program activities, evaluation, and subgrantee monitoring. 100% of the SIF funds will be used for regranting and all of the programmatic and administrative costs will be covered by the applicant.

Plans to assist subgrantees secure their own required match are mentioned although these plans do not provide much detail and revolve around recommendations to the subgrantees. They do identify appropriate places where the subgrantees can go to get the funds, but it appears that the implementation will be left directly to the subgrantees with little to no involvement from the applicant.

• The applicant clearly identifies the target community, including a complete description of the demographics, key terms and the characteristics of the population in the region. The applicant also effectively shows the existing medical need for that population as well as the medical shortages in the area.

The reports and resources presented by the applicant contains all appropriate citations and references to support the program and the theories of change, and makes a very convincing case for targeting the region using data to support the intervention.

The applicant clearly explains the theory of change as well as the measurable outcomes of the program. Applicant also connects the importance of treating depression and makes a clear connection to health care cost and economic well-being.

The applicant identifies and convincingly presents a clear plan to look for subgrantees which also takes into consideration their networks and experience working with depression.

The applicant has significant experience assisting clinical organizations as well as implementing and growing collaborative sustainable care programs. The applicant's approach to allow sub grantees to expand only after they have been carefully examined by the applicant, have demonstrated that their programs are well-established and ready for expansion, and has a certain level of programmatic and financial stability, will allow them to be well positioned for possible success in the short and long-run.

The applicant has had success and experience for over 80 years running different grants competitions and programs using intermediary grantee organizations which give them more than enough experience, capacity and technical skills to run this program efficiently. Applicant presents sufficient and relevant explanations of past efforts supporting grantee program growth, which is indicative of a high chance for success. For example, the Institute for Health in New York is an organization that was originally funded for two clinics, and after a period of time as their program matured, the organization expanded to an additional number of clinics that continue to efficiently serve clients today.

Despite the description by the applicant of some of the specific technical assistance that will be provided, applicant's identification of what a successful subgrantee implementation of a program will entail was at times unclear and too general.

Even though the applicant presents some of the techniques by which best practices will be shared and captured, the information is not fully explained, and is missing more meticulous justification to illustrate the actual effectiveness and success of the sharing process.

The applicant states that it will continue to support the program after the initial steps, but it did not present a clear statement of commitment past the life of the original grant.

The second stage of expert review for the 2012 SIF competition was the Evaluation Review. The Evaluation Review focused on the quality of the applicant's response in the Proposal for Evaluation in the Program Design category and Evaluation Experience in the Organizational Capacity category.

Evaluation Reviewers' Summary Comments:

• The applicant thoroughly describes the program model IMPACT, for treatment of depression through community health clinics in low-income, rural communities in five states. The IMPACT model has the potential to achieve strong evidence of effectiveness during the Social Innovation Fund (SIF) grant period as supported by previous numerous clinical trials, and specifically a randomized control trial (RCT) study of effectiveness between 1999-2003, completed by the Advancing Integrated Health Solutions (AIMS) Center at the University of Washington.

The applicant describes a rigorous subgrantee training and technical assistance plan that will be delivered jointly through the applicant and the AIMS Center including in-person training, webinars, telephone consultations, site visits, quarterly progress tracking reporting and review of program implementation documentation to customize additional training and technical assistance as needed.

The evaluation plan described includes observational analysis of program implementation on select indicators including, but not limited to client enrollment, improvement in depression symptoms, other health outcomes, occupational functioning, and will compare findings of this analysis with benchmarks from other depression care programs. Patient satisfaction and patient outcomes will be analyzed using a general linear mixed model regression analysis. Survival analysis, also known as time to event analysis, will be used to examine the length of time from patient treatment to patient outcome improvement.

The applicant indicates that the year one evaluation budget is \$197,571, which is reasonable to support the costs of evaluation activities that will meet SIF evaluation requirements.

The applicant provides evidence of a track record for effective management and support of research and evaluation activities to measure effectiveness of investments in programming.

The applicant describes how it will review subgrantee annual performance, to determine if the grantee has capacity to move into program expansion, or will require additional customized technical assistance to improve program performance.

The applicant also effectively demonstrates its processes including site visits, annual grantee program review with consultants and Foundation staff to monitor grantee performance and provide opportunities to customize technical assistance for grantees to improve performance.

The descriptions provided, indicate that the AIMS Center researchers have the capacity and technical competency to ensure a successful evaluation of the SIF program, and subgrantee program models.

• This application is well organized and presented and includes a very plausible program model, experience in implementing it, and appears to have very qualified personnel. The applicant demonstrates ample evidence of experience in managing and evaluating grants focused on alleviating depression through community health clinics in low-income rural areas of the WWAMI region. Overall the application presents a strong evaluation plan that meets Social Innovation Fund requirements of at least moderate levels of evidence.

The applicant has abundant cash liquidity for matching funds and seasoned staff.